## 

	in this information to the btor 1	to identify your ca Kimberly E I									
	btor 2	TAIIIDONY E	ocwaia								
(Spc	ouse, if filing)										
Uni	ited States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4						
Case number <b>20-11200</b>				-			Check if this is:				
(If kr	nown)						An amende	U			
							A supplement 13 income		g postpetition ollowing date:	chapter	
	fficial Form						MM / DD/ Y	YYY			
	chedule I:		ome sible. If two married peo							12/15	
atta	ch a séparate she	et to this form.	r spouse is not filing wi On the top of any additi								
	information.			Debtor 1		Debtor 2 or non-filing spouse					
	If you have more attach a separate		Employment status	■ Employed				☐ Employed			
	information about	1 0		☐ Not employed			⊔ Not e	☐ Not employed			
	employers.		Occupation	Bartender- cash tips only							
	Include part-time self-employed wo		Employer's name	Tattletales							
	Occupation may or homemaker, if		Employer's address	6900 New Falls Rd Levittown, PA 19057							
			How long employed t	here? 20							
Pai	rt 2: Give De	tails About Mor	nthly Income								
	imate monthly incurse unless you are		ate you file this form. If	you have nothing to r	eport for	any	ine, write \$0 in the	space. In	clude your nor	n-filing	
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the informatio	n for all e	emplo	oyers for that perso	n on the li	nes below. If y	you need	
							For Debtor 1		btor 2 or ing spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	0.00	\$	N/A		
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	0.00	\$	N/A		

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Deb	tor 1	Kimberly E Dewald	-	Ca	ase number (if known)	20-112	200		
	Cor	by line 4 here	4.		For Debtor 1		ebtor iling s	2 or spouse N/A	
_					0.00	<b>—</b>		19/4	_
5.		tall payroll deductions:	_			•			
	5a.	Tax, Medicare, and Social Security deductions	5a.			\$		N/A	_
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b. 5c.			\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			\$		N/A N/A	_
	5u. 5e.	Insurance	5a. 5e.		0.00	\$		N/A N/A	_
	5f.	Domestic support obligations	5f.		0.00	\$	-	N/A	_
	5g.	Union dues	5g.			\$		N/A	_
	5h.	Other deductions. Specify:	5h.			· —		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A	_
8.	List 8a.	at all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90		0.00	¢.		N/A	
	Oh	monthly net income.  Interest and dividends	8a.			\$		N/A	_
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8b.		0.00	Ψ		N/A	_
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	9	450.00	\$		N/A	
	8d.	Unemployment compensation	8d.		3,095.95	\$		N/A	_
	8e.	Social Security	8e.		0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.		. 0.00	\$		N/A	_
	8h.	Other monthly income. Specify: Average Tax Refund	_ 8h.	+ :	260.00	+ \$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,805.95	\$		N//	4
10	Cal	culate monthly income. Add line 7 + line 9.	10.	<del></del>	3,805.95 + \$		N/A	= \$	3,805.95
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	·   •		14/7		0,000.00
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•		e <i>J</i> . +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies					12.	\$	3,805.95
13.	Do	you expect an increase or decrease within the year after you file this form	?					Combi	ned ly income
		No.							

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